CAROL SHEA-PORTER
First District, New Hampshire

1530 Longworth House Office Building
Washington, DC 20515
(202) 225-5456
(202) 225-5822 (Fax)

660 Central Avenue
Dover, NH 03820
(603) 285-4300

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEE ON ARMED SERVICES
Readiness
Military Personnel

COMMITTEE ON EDUCATION AND LABOR
Workforce Protection
Health, Employment, Labor, and Pensions

www.shea-porter.house.gov

September 29, 2017

The Honorable David J. Shulkin
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dr. Michael Mayo-Smith
Network Director
VA New England Healthcare System
Department of Veterans Affairs
200 Springs Road, Building 61
Bedford, MA 01730

Mr. Al Montoya
Acting Medical Center Director
Manchester VA Medical Center
Department of Veterans Affairs
718 Smyth Road
Manchester, NH 03104

Dear Secretary Shulkin, Network Director Dr. Mayo-Smith, and Acting Medical Center Director Montoya:

I have been encouraged by recent efforts undertaken at the Manchester VAMC (VAMC) to deliver health care services to New Hampshire veterans at private facilities using VA providers. While in its early stages, this model has shown promise in expanding capacity and delivering services while the VAMC undergoes needed improvements. I write to urge you to consider expanding or adapting this model to the Seacoast and North Country regions, so that more New Hampshire veterans can receive VA care closer to where they live.

As you know, this model was developed to allow the VA to continue providing care to veterans while the VAMC undergoes repairs needed due to a recent catastrophic pipe failure and resulting flood that damaged much of the facility, including the operating room and recovery area. Thus far, the VAMC has implemented an agreement at Catholic Medical Center (CMC) to allow VA providers to use CMC facilities to conduct endoscopies and colonoscopies. It is also currently negotiating an agreement to allow VA providers to use facilities at Elliott Hospital to conduct the full range of surgical services that were previously performed at the VAMC before the flood.

Is data available that would confirm that the CMC arrangement is working well, such as evidence of timely payments to facilities or documented feedback from providers and veterans about their experiences? Since this model uses VA providers to deliver services and relies on VA care coordination, does it mitigate some of the challenges that we have seen with the Choice Program, specifically around issues relating to scheduling, care coordination, and delayed payments of medical claims?

If this arrangement is working well, the nearly 16,000 veterans in Carroll and Strafford Counties should have access to a similar model. That model could be identical to what is being implemented at CMC, or it could utilize a rotating team of providers to serve different areas of the state depending on demand for services and capacity at private facilities. Furthermore, I believe that this model can encompass more than just surgical care, to include exam, mental health, and other clinical services.

New Hampshire is the only state without a full-service VA medical center. New Hampshire veterans deserve in-state access to the full range of care services. This model should not replace a full-service hospital in Manchester, for which I will continue to advocate. However, it can provide some services closer to where veterans live and increase VA's capacity to deliver care in the interim while the Manchester VAMC's limited facility is repaired and then either expanded or replaced.

There is a strong need for VA services in the Seacoast and North Country, and I am hopeful that the VA will be able to develop a model that can capitalize on excess capacity in the community to provide services closer to home for Seacoast and North Country residents while the VA works to increase capacity and expand services at Manchester. I will continue to call for the restoration of the full-service hospital in Manchester and needed capital improvements to transform the facility into a state-of-the-art medical campus that provides the full-range of care services, but while that effort progresses, the VA should consider innovative solutions to deliver VA care to New Hampshire veterans.

Sincerely,

Carol Shea-Porter

Carol Shea-Porter
Member of Congress